

–12.99 in followup-year2, $p < 0.01$). **CONCLUSION:** This two year, prospective, observational study showed that compared to oral antipsychotics, RLAI treatment was associated with greater reduction in hospital stays and days in hospital in patients with schizophrenia.

PMH43

MENTAL HEALTH CARE RESOURCE USE BEFORE AND AFTER INITIATION OF PALIPERIDONE ER IN PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: Schizophrenia care produces a substantial economic burden. Interventions that reduce the need for resource use are of interest to clinicians and payers. This study assessed changes in mental health resource use following initiation of paliperidone extended-release tablets (paliperidone ER) in the three double-blind (DB) trials and their open-label extensions (OLE). **METHODS:** A retrospective chart review generated data on resource use during the 12 months before and after the DB trials. Additional IRB approval and informed consent were obtained for these reviews. Average number of inpatient and ambulatory care services in the pre- and post-periods was calculated, including use of bootstrap resampling methods to assess statistical significance of differences. Total person years were calculated for the pre- and post-periods to account for different lengths of observation. Separate analyses were also performed by country. **RESULTS:** In this analysis, patients ($n = 79$) were from the United States (38.0%), Canada (19.0%) and Malaysia (43.0%). Mean (\pm SD) patient age was 38.0 (± 10.4) years; and the majority of patients were male (73.4%). Most (70.9%) patients received prior treatment with antipsychotics. During the OLE, the mean paliperidone ER treatment duration (\pm SD) was 226.4 (± 142.3) days, and the mean dose was 11.5 (± 2.2) mg. Overall, paliperidone ER patients used fewer resources after drug initiation (mean reduction per person year: days hospitalized = 12.1, $p = 0.002$; number of emergency room visits = 0.3, $p = 0.038$; number of psychiatric-related office visits = 2.3, $p < 0.001$; number of psychotherapy sessions = 0.4, $p = 0.004$). Subgroup analyses revealed that the greatest reduction in most resource categories was found in the US sites (e.g. mean reduction in days hospitalized per person year = 19.7 in the US, 6.3 in Canada, and 7.1 in Malaysia). **CONCLUSIONS:** In this post-hoc analysis, paliperidone ER was associated with a statistically significant reduction in mental health resource use. Prospective studies are needed to confirm the findings.

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HEALTH CARE RESOURCE UTILIZATION AND COSTS COMPARISON FOR MDD PATIENTS ON 10 MG ESCITALOPRAM WHO INCREASED TO 20 MG DOSE VS. THOSE WHO WERE SWITCHED TO SNRI

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OBJECTIVE: To compare health care resource utilization and costs of Major Depressive Disorder (MDD) adult patients treated with escitalopram 10 mg who increase to 20 mg vs. those who were switched to a SNRI. **METHODS:** Adult MDD patients initiated on escitalopram 10 mg who either increased to 20 mg escitalopram or switched to a SNRI were identified in

the IHCIS National Managed Care Database (2003–2006). Patients who changed therapy within 60 days from escitalopram initiation date (index date) were excluded. Outcomes included rates of hospitalization and emergency visits, number of emergency visits days, and health care costs, and were reported for all cause and MDD-related. All outcomes were estimated over a 3 months period post-therapy change (dose increase or switching) and were descriptively compared between the two groups. Multivariate regression analyses were performed to further adjust for patient demographics, comorbidities and baseline health care resource use. **RESULTS:** Study samples included 9379 patients who increased escitalopram from 10 mg to 20 mg and 1215 patients who were switched from 10 mg escitalopram to a SNRI. Compared to patients who increased escitalopram dose, SNRI switchers experienced higher rates of MDD-related hospitalizations ($RR = 1.2$, $p = 0.566$), higher rates of MDD-related emergency visit ($RR = 1.6$, $p < 0.05$), and higher number of emergency visit days ($RR = 1.5$, $p < 0.01$) in the 3-month post-therapy change period. Patients who switched to SNRI also had on average \$413 higher total costs ($p < 0.001$), which include \$390 higher drug costs ($p < 0.001$). Results from multivariate regression analyses were consistent with findings from descriptive analyses. SNRI switchers incurred \$430 higher risk-adjusted total costs ($p < 0.0001$). **CONCLUSION:** Compared to adult MDD patients who increased escitalopram from 10 mg to 20 mg, patients who switched to a SNRI had more MDD-related emergency visits, as well as higher drug and total health care costs during the 3-month post-therapy change period.

PMH45

COST OF PSYCHIATRIC HOSPITALIZATIONS IN THE UNITED STATES IN 2006

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OBJECTIVE: Acute psychiatric hospitalizations represent a major cost driver of care for psychiatric disorders. This analysis characterized the costs of psychiatric hospitalization in the United States by major psychiatric disorders and payer type. **METHODS:** The analysis utilized Premier's Perspective database of de-identified inpatient administrative claims. Data from 263,252 psychiatric hospitalizations were classified into: Schizophrenia, Bipolar Disorder, Depression, Substance Use, and Other Psychiatric Disorder based on All Patient Refined—Diagnosis Related Group codes. Results were inflated to national estimates by weighting each hospitalization based on representative demographics of all hospitals in the nation. Because reimbursed values were not available, the primary metric for analyses was the cost of providing service rather than charges. **RESULTS:** The total cost of all psychiatric hospitalizations in 2006 dollars was \$10.6 billion with charges of \$26.5 billion. Public payers covered most psychiatric hospitalizations, particularly for schizophrenia with a much smaller difference for bipolar disorder, depression, and substance use disorders. Length of stay was longest for schizophrenia (11.0 days) followed by bipolar disorder (7.8 days), depression (6.2 days), and substance use disorders (5.0 days). Regardless of disorder, length of stay was longer for public payers (8.7 days) than private payers (5.6 days) or self-pay (4.6 days). The average per day was inversely related to length of stay with the highest cost for substance use disorders (\$1034) followed by depression (\$888), bipolar disorder (\$852), and schizophrenia (\$806). **CONCLUSION:** The cost of delivering care for psychiatric hospitalizations in the US was approximately \$10.6 billion in 2006. This estimate does not include some physicians fees and does not capture the amount reimbursed to the hospitals. Although most of